

County of Los Angeles Department of Mental Health  
Psychiatric Mental Health Nurse Practitioner (PMHNP) Interdisciplinary Practice Committee

**DETERMINATION OF CLINIC READINESS TO HIRE A PMHNP**

**Revised 7-28-05**

The above Committee identified the following criteria to assist Deputy Directors, District Chiefs, Program Heads, psychiatrists and staff to clarify their understanding about the role and duties of the PMHNP in order to realize a successful incorporation of the role into the clinic environment. Submit the completed form within 6 months of the anticipated hiring process to Mary Ann O'Donnell for committee review and response. Use additional sheets if needed. Contact Ms. O'Donnell at 213-738-4440 for questions.

Program Head: \_\_\_\_\_ Date submitted: \_\_\_\_\_

CRITERIA	Y	N
1. Did you obtain Deputy Director, District Chief, Regional Medical Director and Supervising Mental Health Psychiatrist approval to hire a PMHNP? If "No," please stop here and obtain the approvals of the persons named above before proceeding.		
2. What duties have you identified for a PMHNP?		
a. Med visits for stable clients,		
b. Med visits for clients who miss appointments,		
c. Medication group followed by individual prescribing,		
d. Clients who have co-morbidity (mental/physical healthcare needs,)		
If 2.d. is "Yes," give an example of the co-morbid conditions that the PMHNP will be asked to follow in his/her caseload:		
e. Other duties: If "Yes," please specify.		
3. Have you discussed your interest in hiring a PMHNP with the psychiatrists on staff?		
a. If 3. is "Yes," were any issues raised that need to be addressed?		
b. If 3. a. is "Yes," how do you plan on working with the specific issues?		
4. Have you discussed your interest in hiring a PMHNP with other disciplines on staff?		
a. If 4. is "Yes," were any issues raised that need to be addressed?		
b. If 4.a. is "Yes," how do you plan on working with the specific issues?		
5. Will the responsible Supervising Mental Health Psychiatrist be supervising the PMHNP?		
a. If 5. is "No," who will be supervising the PMHNP:		
b. Has the psychiatrist in 5.a. had previous experience in supervising a PMHNP? If "No," please describe how this psychiatrist will receive the necessary information and supervision requirements needed.		

	Y	N
6. Have you and the supervising psychiatrist in 5. above reviewed the DMH PMHNP guidelines, role descriptions, and furnishing and preceptorship guidelines? If "No," please explain.		
7. Do the other psychiatrists on your staff understand the role of the PMHNP relative to their clients? If "No," how will you handle this issue?		
8. Will the PMHNP attend all clinical meetings relevant to their scope of practice? If "No," please explain.		
9. Has the PMHNP candidate previously worked at your clinic in another role?		
a. If 9. is "Yes," what was the role, e.g. MHC RN, received furnishing hours here, etc.		
b. If 9. is "Yes," how do you see the candidate transitioning into a new role given previous relationships and new responsibilities?		
10. Who will supervise the PMHNP administratively?		
11. Do you have any additional questions related to the hiring of a PMHNP? If, "Yes," please specify:		

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### THIS SECTION IS FOR COMMITTEE USE ONLY

Date received: \_\_\_\_\_ Date forwarded to Committee for review: \_\_\_\_\_

Date reply was sent to Program Head: \_\_\_\_\_

**Findings:**

- ☐ Criteria satisfied. No further review is needed.
- ☐ Incomplete information. Complete item(s) \_\_\_\_\_ and re-submit.
- ☐ Criteria not satisfied. See attached explanation.

c. District Chief

Deputy Director

Regional Medical Director

Program Head

Supervising Mental Health Psychiatrist